MISSOURI
DIVISION OF MEDICAL SERVICES

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# Special Bulletin:

**Aged & Disabled Waiver and Personal Care**

Due to budget constraints, paper copies of bulletins will no longer be distributed by DMS. Bulletins are now available only at the DMS Website.

Bulletins will remain on this site only until incorporated into the provider manuals as appropriate, then deleted.

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## MC+ MANAGED CARE

The information contained in this bulletin applies to coverage by the MC+ fee-for-service and Medicaid fee-for-service programs. The MC+ fee-for-service and Medicaid fee-for-service programs also provide coverage for those services carved out of the MC+ Managed Care benefit for MC+ Managed Care enrollees. Questions regarding services included in the MC+ Managed Care benefit should be directed to the enrollee's MC+ Managed Care health plan. Please check the patient's eligibility status prior to delivering a service.

## HIPAA

To prepare for the mandatory implementation of Health Insurance Portability and Accountability Act (HIPAA) national standards, the Division of Medical Services (DMS) has analyzed how Personal Care and Aged and Disabled Waiver providers must bill for services in order to be in compliance with the implementation of national transactions and code sets. HIPAA mandates the use of standard Health Care Procedure Coding System (HCPCS) code sets; however, it does *not* require states to add coverage for services that it does *not* currently cover.

Billing providers wishing to exchange electronic transactions with Missouri Medicaid may now view the X12N Version 4010A1 Companion Guide on Missouri Medicaid's web page at www.medicaid.state.mo.us. To access the Companion Guide, select Missouri Medicaid Electronic Billing Layout Manuals; select System Manuals; select Electronic Claims Layout Manuals; select X12N Version 4010A1 Companion Guide. For information on Trading Partner Agreements, select Section 1 - Getting Started; select Trading Partner Registration. All

questions concerning Trading Partner Agreements or provider testing schedules should be directed to the Verizon Help Desk at 573-635-3559.

## PROCEDURE CODES

Personal Care and Aged and Disabled Waiver providers *must* use the appropriate covered codes listed on Attachment A for dates of service on or after October 1, 2003. Several procedure codes with unit definitions of one hour or four hours are being replaced with procedure codes with unit definitions of 15 minutes.

## TYPE OF SERVICE

Effective October 16, 2003, the type of service is no longer a valid code set under HIPAA standards. Type of service *should not* be included on any type of claim submission on or after October 16, 2003, regardless of the date of service being billed.

## ACCRUAL POLICY

Personal Care and Aged and Disabled Waiver providers may bill up to one full month of service on one detail line of a claim. Effective October 1, 2003, it is permissible to accrue partial units of less than 15 minutes for several dates of service and bill the total, in whole units (15 minutes), at the end of the day, week, or month, as long as care delivery is consistent with the written plan of care. When billing each date of service individually, partial units may be accrued and billed on the first date a whole 15-minute unit is accrued. In no event may time spent in the delivery of service be accrued beyond the last day of the calendar month in which such services were rendered.

## PRIOR AUTHORIZATIONS

The following will apply to services prior authorized by the Division of Senior Services and Regulation, Section for Senior Services, for dates of service October 1, 2003, and later:

- An updated authorization form (DA-13/LCDE) from the Division of Senior Services and Regulation incorporating a change in the number of units, if applicable, will not be necessary to be in compliance with the HIPAA standards. The information in the Division of Medical Services' (DMS) prior authorization system will be updated to reflect the new authorized number of units (multiplied by four (4) or 16 to equal the total of 15 minute units authorized) for dates of service October 1, 2003, and after to insure the correct adjudication of claims submitted by providers.

- When services are added and/or changes made in the prior authorized services, an updated authorization form (DA-13/LCDE) from the Division of Senior Services and Regulation reflecting the amended number of units will be forwarded to the provider.

- The Division of Senior Services and Regulation will send an updated DA-13/LCDE at the next scheduled reassessment that will reflect the amended services and number of units authorized, utilizing the new unit definitions.

The following will apply to services authorized by the Department of Health and Senior Services, Bureau of Special Health Care Needs or the Section for Communicable Disease Prevention, Prevention and Care Programs.

- An updated Missouri Medicaid Authorization Determination incorporating a change in the procedure code(s) and the number of units, if applicable, will not be necessary to be in compliance with the HIPAA standards. The information in the Division of Medical Services' (DMS) prior authorization system will be updated to reflect the new procedure codes and number of units (multiplied by four (4) to equal the total of 15 minute units authorized) for dates of service October 1, 2003, and after to insure the correct adjudication of claims submitted by providers.

- When services are added and/or changes made in the prior authorized services, an updated Missouri Medicaid Authorization Determination reflecting the new procedure codes and the amended number of units will be forwarded to the provider.

## HOMEMAKER/CHORE SERVICES; AGED & DISABLED WAIVER PROVIDERS

The homemaker/chore services currently billed to DMS with the procedure code Y9420 will be split into two different procedure codes: one for homemaker services (S5130) and one for chore services (S5120) for dates of service October 1, 2003, and after. The two (2) new codes are defined as follows:

- Homemaker: services consisting of general household activities (meal preparation and routine household care) provided by a trained homemaker when the individual regularly responsible for these activities is temporarily absent or unable to manage the home and care for him/herself.

- Chore: services needed to maintain the home in a clean, sanitary and safe environment. This includes, but is not limited to, heavy household chores such as washing floors, windows and walls (other than routine cleaning); tacking down loose rugs and tiles; and moving heavy items of furniture in order to provide safe access and egress.

Providers must bill with the S5130 procedure code until such time that reassessment of the client and reauthorization of services is conducted. The Division of Senior Services and Regulation's case managers, at the reassessment and reauthorization, will determine if the client needs homemaker services, chore services, or both services, and will authorize the services accordingly.

## NURSE RESPITE

The current policy of authorizing nurse respite services to clients that are in need of this service for a minimum of four (4) hours will be maintained.

**Provider Communications**

**(800) 392-0938**
**or**
**(573) 751-2896**

ATTACHMENT A

| DESCRIPTION | DELETED CODE | REPLACEMENT CODE | MAXIMUM ALLOWABLE AMOUNT |
|---|---|---|---|
| State plan personal care, 15-min. unit | Y9445 | T1019 | $3.42 |
| State plan personal care, 15-min. unit | Y9412 | T1019 | $3.42 |
| State plan personal care, 15-min. unit | Y9613 | T1019 | $3.42 |
| State plan advanced personal care, 15-min. unit | Y9301 | T1019 TF | $4.43 |
| State plan advanced personal care, 15-min. unit | Y9301 YH | T1019 TF | $4.43 |
| State plan advanced personal care, 15-min. unit | Y9614 | T1019 TF | $4.43 |
| State Plan personal care authorized nurse visit | Y9446 | T1001 | $37.85 |
| State Plan personal care authorized nurse visit | Y9429 | T1001 | $37.85 |
| State Plan personal care authorized nurse visit | Y9615 | T1001 | $37.85 |
| State Plan personal care in residential care facility (RCF) I & II, 15-min. unit | Y9447 | T1019 U3 | $3.28 |
| State Plan advanced personal care in residential care facility (RCF) I & II, 15-min. unit | Y9448 | T1019 TF U3 | $3.79 |
| State Plan personal care authorized nurse visit in residential care facility (RCF) I & II | Y9449 | T1001 U3 | $28.07 |
| State Plan personal care through HCY, 15-min. unit | Y9445 YG | T1019 EP | $3.42 |
| State Plan advanced personal care through HCY, 15-min. unit | Y9301 YG | T1019 TF EP | $4.43 |
| State Plan personal care authorized nurse visit through HCY | Y9446 YG | T1001 EP | $37.85 |
| State Plan personal care RN evaluation visit through HCY | W0030 | T1001 TD EP | $37.85 |
| AIDS Waiver personal care, 15-min. unit | Y9300 | T1019 U4 | $3.42 |
| Attendant care services, Physical Disabilities Waiver, 15-min. unit | Y9604 | S5125 U5 | $3.42 |
| Home Delivered Meal, 1 meal | Y9413 | S5170 | $5.00 |
| Chore, 15-min. unit | Y9420 | S5120 | $3.42 |
| Homemaker, 15-min. unit | Y9420 | S5130 | $3.42 |
| Block basic in-home respite, 9-12 hours | Y9430 | S5151 52 | $44.52 |
| Basic in-home respite, 15-min. unit | Y9431 | S5150 | $2.96 |
| Respite, not in home/institutional, per diem | Y9435 | H0045 | $36.00 |
| Advanced respite, 15-min. unit | Y9436 | S5150 TF | $3.71 |
| Advanced block respite, 6-8 consecutive hours | Y9437 | S5151 TF 52 | $78.52 |
| Advanced daily in-home respite, 17-24 hours | Y9438 | S5151 TF | $182.52 |
| Nurse respite care, 15-min. units | Y9439 | T1005 | $4.84 |
| Adult day care-basic, 1 day (minimum of 4 hours) | Y9800 52 | S5102 52 | $38.00 |
| Telephone reassurance, automated telephone | Y9432 | This remains the same | $1.00 |
| Telephone reassurance, personal interactive | Y9433 | This remains the same | $1.00 |